

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90067 035 \*\*\*\*61.25

**DOCUMENT # N98000003024**

1. Entity Name

**THE LASTINGER FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**8342 A1A SOUTH  
 SAINT AUGUSTINE FL 32086**

**8342 A1A SOUTH  
 SAINT AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3512737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALLEY, STEPHEN G  
~~41 NORTH ORANGE AVENUE~~  
~~20TH FLOOR~~  
 ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**450 South Orange Avenue**

**Suite 650**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **LASTINGER, ALLEN L JR**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **LASTINGER, DELORES T**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LASTINGER, LANE**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LASTINGER, BETH**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RIGGS, LINDSEY**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RIGGS, RYAN**  
 STREET ADDRESS **8342 A1A SOUTH**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Allen L. Lastinger, Jr.*  
**ALLEN L. LASTINGER, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Doc# N98000003024

302216

FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS  
2002 UNIFORM BUSINESS REPORT  
Document # N98000003024  
The Lastinger Family Foundation, Inc.

Block 10

Title	D
Name	Vigilante, Amy
Street Address	8342 A1A South
City, State, Zip	St. Augustine, Florida 32086

Title	D
Name	Vigilante, Jason
Street Address	8242 A1A South
City, State, Zip	St. Augustine, Florida 32086